

**PEER REVIEW  
COORDINATING DRAFT**

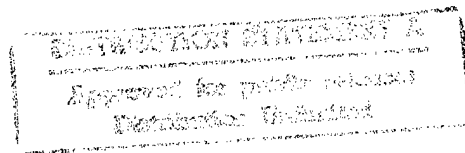
**TASK ANALYSIS  
FOR**

**TREAT AND EVACUATE BATTLEFIELD CASUALTIES  
(CRITICAL COMBAT FUNCTION 33)**

**AS ACCOMPLISHED BY A BATTALION TASK FORCE**

Authors: **PAUL JARRETT**, *Army Research Institute*  
**WILLIAM J. MULLEN, III**, *BDM Federal, Inc.*

Submitted by Harold Wagner, Acting Chief  
Unit-Collective Training Research Unit  
and  
Jack Hiller, Director  
Training Systems Research Division  
and  
Mr. Michael R. McCluskey,  
Contracting Officer's Technical Representative



U.S. Army Research Institute

Prime Contractor: BDM Federal, Inc.  
W. J. Mullen, III

POC: Bartholomew J. McIlroy, Jr.,  
BDM Federal Inc., (408) 372-3329

Program Director: Thomas J. Lewman  
BDM Federal, Inc.

August 29, 1993

**DTIC QUALITY INSPECTED 1**

**Task Analysis for Treat and Evacuate Battlefield  
Casualties as Accomplished by a Battalion Task Force.  
Critical Combat Function 33 (CCF 33)**

**Paul Jarrett  
William J. Mullen III**

**BDM Federal, Inc.**

19960919 036

<p>This report is published to meet legal and contractual requirements and may not meet ARI's scientific or professional standards for publication.</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------

**August 1996**


**United States Army Research Institute for the Behavioral and Social Sciences**

Approved for public release; distribution is unlimited

# **U.S. ARMY RESEARCH INSTITUTE FOR THE BEHAVIORAL AND SOCIAL SCIENCES**

A Field Operating Agency Under the Jurisdiction  
of the Deputy Chief of Staff for Personnel

EDGAR M. JOHNSON  
Director



## **NOTICES**

**DISTRIBUTION:** This report has been cleared for release to the Defense Technical Information Center (DTIC) to comply with regulatory requirements. It has been given no primary distribution other than to DTIC and will be available only through DTIC or the National Technical Information Service (NTIS).

**FINAL DISPOSITION:** This report may be destroyed when it is no longer needed. Please do not return it to the U.S. Army Research Institute for the Behavioral and Social Sciences.

**NOTE:** The views, opinions and findings in this report are those of the author(s) and should not be construed as an official Department of the Army position, policy, or decision, unless so designated by other authorized documents.

# REPORT DOCUMENTATION PAGE

Form Approved  
OMB No. 0704-0188

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington DC 20503.

1. AGENCY USE ONLY (Leave blank)		2. REPORT DATE August 1996	3. REPORT TYPE AND DATES COVERED Interim Report 07/17/92 - 03/15/96	
4. TITLE AND SUBTITLE Task Analysis for Treat and Evacuate Battlefield Casualties as Accomplished by a Battalion Task Force Critical Combat Function 33 (CCF 33)			5. FUNDING NUMBERS MDA903-92-D-0075-0005 3414 CO1 665803 D730	
6. AUTHOR(S) Paul Jarrett William J. Mullen III				
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) BDM FEDERAL INC. DOD CENTER MONTEREY BAY 400 GIGLING ROAD SEASIDE, CA 93955			8. PERFORMING ORGANIZATION REPORT NUMBER	
9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES) U.S. ARMY RESEARCH INSTITUTE FOR THE BEHAVIORAL AND SOCIAL SCIENCES 5001 EISENHOWER AVENUE ALEXANDRIA, VA 22333-5600			10. SPONSORING/MONITORING AGENCY REPORT NUMBER  Contractor Report 96-50	
11. SUPPLEMENTARY NOTES The COR is Michael R. McCluskey. This report is published to meet legal and contractual requirements and may not meet ARI's scientific or professional standards for publication.				
12a. DISTRIBUTION/AVAILABILITY STATEMENT APPROVED FOR PUBLIC RELEASE; DISTRIBUTION IS UNLIMITED.			12b. DISTRIBUTION CODE	
13. ABSTRACT (Maximum 200 words) The purpose of CCF 33 is the preservation of a task forces' personnel strength and the welfare of soldiers through the initial and subsequent treatment of injured and wounded soldiers, the quick evacuation of soldiers to the appropriate level of medical treatment for wounds and injuries, and the rapid return of soldiers to duty. The outcomes include: 1) The casualty treatment and evacuation plan supports the overall maneuver plan and the commander's intent. Medical assets are deployed and weighted in relation to where, when, and how many casualties are estimated to occur. 2) Treatment of casualties is continuous as permitted by the mission and conditions. Casualties receive lifesaving care or treatment at the earliest opportunity so as to prevent further injury. 3) Casualty evacuation to the echelon is as timely and efficient as allowed by mission. Loss of life or limb is not caused by undue delay of evacuation. Evacuation priority is based upon the nature of the wounds or injuries of the patient.				
14. SUBJECT TERMS Triage, Medevac, Aero Medevac, AXP, Evacuation Plan			15. NUMBER OF PAGES	
			16. PRICE CODE	
17. SECURITY CLASSIFICATION OF REPORT UNCLASSIFIED	18. SECURITY CLASSIFICATION OF THIS PAGE UNCLASSIFIED	19. SECURITY CLASSIFICATION OF ABSTRACT UNCLASSIFIED	20. LIMITATION OF ABSTRACT  UNLIMITED	

## CCF 33 — Treat and Evacuate Battlefield Casualties

### INDEX

#### CRITICAL COMBAT FUNCTION 33 TREAT AND EVACUATE BATTLEFIELD CASUALTIES

Preface-----	ii
Index of Critical Combat Functions (CCF)-----	1
Structure of Critical Combat Functions-----	2
Outcomes and Purpose of CCF 33-----	11
Flow Charts by Phase (Plan, Prepare, Execute)-----	12
Other CCF which interact with CCF 33-----	15
CCF 33 Key Participants by Task-----	16
Key Inputs to CCF 33-----	18
Task List Summary -----	19
Planning Task List-----	21
Preparation Task List-----	24
Execution Task List-----	26
Call Lessons Learned Relevant to CCF 33 -----	27
Lessons Learned Integrated into CCF 33 Task List -----	29
CCF 33 Critical Tasks and Other Linkages-----	34
References-----	36

## PREFACE

This task analysis of **Treat and Evacuate Battlefield Casualties** (CCF 33) is an intermediate product of the process of developing a training strategy for the CCFs. The relationship reflects tasks, products, players and processes in sequence necessary to providing casualty treatment and evacuation from the battlefield.

**CRITICAL COMBAT FUNCTIONS:** *The integration of related players and tasks that represent a source of combat power. The synchronization of critical combat functions provides maneuver commanders at any echelon with a definable outcome that materially affects the battle.*

The battle phases PLAN, PREPARE, EXECUTE, relate to the entire battalion task force (TF) vice phasing for this particular CCF.

The analysis covers the application of medical procedures on battlefield casualties beginning with "buddy aid" through the treatment by trained medical personnel. It includes evacuation of casualties to company collection points, to the battalion aid station, and to division-level medical facilities.

The level of detail and the tasks were selected by the analyst as important to the analysis of the CCF from the perspective of the TF Commander.

**INDEX OF  
CRITICAL COMBAT FUNCTIONS**  
Grouped By Battlefield Operating System (BOS)

<b>INTELLIGENCE</b>	(1)	Conduct Intelligence Planning
	(2)	Collect Information
	(3)	Process Information
	(4)	Disseminate Intelligence
<b>MANEUVER</b>	(5)	Conduct Tactical Movement
	(6)	Engage Enemy with Direct Fire and Maneuver
<b>AIR DEFENSE</b>	(16)	Take Active Air Defense Measures
	(17)	Take Passive Air Defense Measures
<b>FIRE SUPPORT</b>	(7)	Employ Mortars
	(8)	Employ Field Artillery
	(9)	Employ Close Air Support
	(10)	Conduct Electronic Collection and Jamming
	(11)	Conduct Battlefield PsyOps
	(12)	Employ Chemical Weapons
	(13)	Conduct Counter Target Acquisition Operations
	(14)	Employ Naval Gunfire
	(15)	Coordinate, Synchronize and Integrate Fire Support
<b>MOBILITY AND SURVIVABILITY</b>	(21)	Overcome Obstacles
	(22)	Enhance Movement
	(23)	Provide Countermobility
	(24)	Enhance Physical Protection
	(25)	Provide Operations Security
	(26)	Conduct Deception Operations
	(27)	Provide Decontamination
<b>COMMAND AND CONTROL</b>	(18)	Plan for Combat Operations
	(19)	Direct and Lead Unit During Preparation for the Battle
	(20)	Direct and Lead Units in Execution of Battle
<b>COMBAT SERVICE SUPPORT</b>	(28)	Provide Transport Services
	(29)	Conduct Supply Operations
	(30)	Provide Personnel Services
	(31)	Maintain Weapons Systems and Equipment
	(32)	Provide Health Services
	(33)	Treat and Evacuate Battlefield Casualties
	(34)	Conduct Enemy Prisoners of War (EPW) Operations
	(35)	Conduct Law and Order Operations
	(36)	Conduct Civil Affairs Operations
	(37)	Provide Sustainment Engineering
	(38)	Evacuate Non-combatants from Area of Operations
	(39)	Provide Field Services

## STRUCTURE OF CRITICAL COMBAT FUNCTIONS RELEVANT TO BATTALION TASK FORCE OPERATIONS

**CRITICAL COMBAT FUNCTION:** *The integration of related players and tasks that represent a source of combat power. The synchronization of critical combat functions provides maneuver commanders at any echelon with a definable outcome that materially affects the battle.*

- I. **Intelligence BOS** — The ways and means of acquiring, analyzing and using knowledge of the enemy, weather and terrain required by a commander in planning, preparing and conducting combat operations. These CCF are continuous throughout the planning, preparation and execution phases of the battle.
  1. **CCF (1) Conduct Intelligence Planning** — The development and coordination of information relative to the enemy, weather and terrain prior to and during the development of the unit OPOD; the planning to collect information from battlefield sources and to acquire intelligence from other headquarters. Focus of this CCF is the Intelligence Preparation of the Battlefield (IPB). This CCF addresses:
    - a. Reconnaissance and Surveillance plan.
    - b. Integrated threat templates (doctrinal; event; input to DST).
    - c. Terrain and Weather analysis.
  2. **CCF (2) Collect Information** — Obtaining information in any manner from TF elements and from sources outside the TF (e.g., higher headquarters; adjacent units); this CCF includes the tasks associated with managing the processes and activities necessary to collect battlefield information which may eventually be used to provide intelligence relative to the enemy, terrain and weather. This CCF addresses:
    - a. Information collected as a result of R & S plan.
    - b. Continuous information collection and acquisition from all sources.
  3. **CCF (3) Process Information** — The conversion of information into intelligence through collation, evaluation, analysis, integration and interpretation in a continual process. This CCF addresses:
    - a. Evaluation of threat information.
    - b. Evaluation of physical environment information.
    - c. Integration of intelligence information.
    - d. Development of enemy intentions.
    - e. Development of targeting information.
    - f. Preparation of intelligence reports.
    - g. Update of situational template.
    - h. Provision of battlefield area reports.
  4. **CCF (4) Disseminate Intelligence** — Transmission of information by any means (verbal, written, electronic etc.), from one person or place to another to provide timely dissemination of critical intelligence to all appropriate members of the combined arms team. This CCF addresses:
    - a. The sending of processed intelligence in a timely manner to those on the combined arms team who can by its receipt, take appropriate actions to accomplish the mission. This includes intelligence on the enemy, terrain and weather.



## CCF 33 — Treat and Evacuate Battlefield Casualties

- b. The sending of raw intelligence directly from those responsible for reconnaissance and surveillance to the commander should that raw intelligence be time sensitive (and not be subject to receipt and processing by intelligence analysts).
  - c. Dissemination of battlefield reports.
- II. **Maneuver BOS** — The employment of direct fire weapons, platforms and systems through movement and fire and maneuver to achieve a position of advantage in respect to enemy ground forces, in order to accomplish the mission. The direct fire weapons are: tank guns; BFV 25mm; anti-tank guns and rockets; attack helicopter guns and rockets; small arms; crew served weapons; directed energy weapons systems.
- 1. **CCF (5) Conduct Tactical Movement** — Position direct fire weapons systems relative to the enemy to secure or retain positional advantage making full use of terrain and formations. Tactical movement occurs when contact with the enemy is likely or imminent but direct fire engagement has not yet occurred. Units supporting maneuver units are included. This CCF addresses:
    - a. Subordinate element OPORD preparation and dissemination.
    - b. Preparation for movement.
    - c. Movement, mounted and dismounted; on and off road.
    - d. Closure of movement — tactical assembly area; tactical positions.
    - e. Navigation.
    - f. Force protection.
    - g. Air movement.
  - 2. **CCF (6) Engage Enemy with Direct Fire and Maneuver** — Entering into ground combat with the enemy using direct fire and/or close combat in order to destroy the enemy or cause him to withdraw. This CCF relates only to those direct fire weapons systems associated with the Maneuver BOS. This CCF is initiated with the OPORD at the completion of the planning phase of the battle and includes all tasks associated with subordinate echelon planning, preparation and execution of the battle. This CCF addresses:
    - a. Subordinate element OPORD preparation and dissemination.
    - b. Preparation of engagement areas.
    - c. Rehearsals of battle plans.
    - d. Pre-combat prepare to fire checks.
    - e. Target acquisition.
    - f. Fire control and distribution.
    - g. Fratricide.
    - h. Conduct close combat.
    - i. Integration of direct fire with maneuver.
    - j. Control of terrain.
    - k. Prestocked ammunition.
    - l. Resupply during operations.
    - m. Maintenance during operations.
    - n. Consolidation and reorganization.
- III. **Fire Support BOS** — The collective, coordinated, and synchronized use of target acquisition data, indirect fire weapons, armed aircraft (less attack helicopters) and other lethal and non-lethal means against ground targets in support of maneuver force operations and to achieve the commanders intent and scheme of maneuver. The Fire Support BOS

## CCF 33 — Treat and Evacuate Battlefield Casualties

addresses these weapons: mortars; field artillery; close air support; electronic measures; naval gunfire.

1. **CCF (7) Employ Mortars** — Employment of mortars by the maneuver unit to place fires on the enemy or terrain to support the commander's concept and intent. This CCF initiates with the receipt of an OPORD by the maneuver commander and address those tasks required during the preparation and execution phases of the battle. This CCF addresses:
  - a. Subordinate element OPORD preparation and dissemination.
  - b. Prepare to fire checks.
    - i. Rehearsals.
  - c. Pre-combat checks.
  - d. Development of order to fire.
  - e. Tactical movement.
  - f. FDC operations.
  - g. Target engagements with illumination, smoke, HE.
  - h. Sustainment operations.
2. **CCF (8) Employ Field Artillery** — The ways and means employed by the maneuver unit to cause indirect artillery fires to be placed on the enemy or terrain to support the commander's concept and intent. This CCF initiates upon receipt of an OPORD by the maneuver commander and includes tasks performed during the preparation and execution phases of the battle. The Fire Support Coordination tasks necessary to integrate the field artillery and the maneuver units are the primary focus. This CCF does not address those field artillery tasks associated directly with those actions taken by the batteries of the artillery battalion in the conduct of their support mission such as FDC operations, gun operations, etc. This CCF addresses:
  - a. Fire Support — Maneuver unit rehearsals.
  - b. FSE operations during the preparation and execution phase of the battle.
  - c. FSO and FIST operations in coordination with their maneuver commander.
  - d. Positioning and movement within the maneuver unit sector or zone.
  - e. Indirect fire missions in support of maneuver commander's concept and intent.
  - f. Sustainment operations.
  - g. Indirect fire planning as battlefield METT-T change.
3. **CCF (9) Employ Close Air Support** — Planning for, requesting and employing armed aircraft (less attack helicopters) in coordination with other fire support (lethal and non-lethal) against ground targets in support of the maneuver force commander's concept and intent. This CCF addresses:
  - a. Air-ground attack requests.
  - b. Air space coordination and management.
  - c. Air Liaison Officer, Forward Air Controller; other Army Fire Support Coordination Officer; USN/USMC Bde Team Commander, SALT-O and FCT-O tasks that enable air to ground attacks.
4. **CCF (10) Conduct Electronic Collection and Jamming** — Actions taken to deny the enemy effective command, control and communications of his own tactical force in support of maneuver commander's concept and intent. This CCS includes jamming, deception, and collection.
5. **CCF (11) Conduct Battlefield PsyOps** — Conduct psychological activities as an integral part of combat operations to bring psychological pressure to bear on enemy

## CCF 33 — Treat and Evacuate Battlefield Casualties

forces and civilians under enemy control in the battle area, to assist in the achievement of tactical objectives in support of maneuver commander's concept and intent.

6. **CCF (12) Employ Chemical Weapons** — Employ chemical agents or other means to degrade enemy capabilities in support of maneuver commander's concept and intent.
7. **CCF (13) Conduct Counter Target Acquisition Operations** — Suppress (e.g. using smoke or dazzling illumination) or degrade enemy direct observation, optics, radar, sensors, electronic DF equipment, and imaging systems in support of maneuver commander's concept and intent.
8. **CCF (14) Employ Naval Gunfire** — The means and ends to provide naval gunfire in support of the maneuver commander's tactical operation.
9. **CCF (15) Coordinate, Synchronize and Integrate Fire Support** — Coordination of all fire support means in support of the maneuver commanders concept and intent. This CCF addresses the preparation and execution of tasks necessary to integrate the fire support detailed in the OPORD. The CCF integrates CCF 7-14 in support of maneuver commander's concept and intent.

### IV. **Air Defense BOS** — The means and measures organic or assigned to the maneuver commander which when employed successfully will nullify or reduce the effectiveness of attack by hostile aircraft or missiles after they are airborne.

1. **CCF (16) Take Active Air Defense Measures** — Application of firepower to destroy enemy air targets. This CCF addresses the coordinating tasks which enable the maneuver commander to successfully employ any attached or assigned air defense weapons system as well as the tasks necessary to employ all organic weapons systems against enemy air targets. This CCF addresses:
  - a. Employment of Air Defense Artillery guns and missiles.
  - b. Employment of maneuver unit weapons systems such as small arms, automatic weapons, BFV 25 mm and TOW missiles, tank main gun against enemy air.
  - c. Airspace management.
  - d. Early warning.
  - e. Sustainment.
2. **CCF (17) Take Passive Air Defense Measures** — The protection of the maneuver force from enemy air by means other than weapons. This CCF will focus on the preparation and execution phases of the battle. This CCF addresses:
  - a. Early warning.
  - b. Dispersion.
  - c. Cover and concealment.
  - d. Air watch.
  - e. Deception.

### V. **Command and Control BOS** — The way and means a maneuver commander exercises authority and direction over organic and assigned combat power in the accomplishment of the mission.

## CCF 33 — Treat and Evacuate Battlefield Casualties

1. **CCF (18) Plan for Combat Operations** — The integration of all members of the combined arms team in the coordinated development of the maneuver unit Operations Order which will guide the activities of the combined arms team in conducting combat operations to accomplish assigned missions. The product/outcome of this CCF is a briefed, understood OPORD. This CCF addresses:
  - a. Receipt and analysis of higher HQ OPORD.
  - b. Issuance of Warning Order.
  - c. Restated mission statement.
  - d. Commander's estimate process/troop leading procedures.
  - e. Commander's guidance.
  - f. Mission analysis (includes course of action development).
  - g. Decision brief to commander.
  - h. Development of a synchronized OPORD.
  - i. Reproduction and distribution of OPORD to all participants.
  - j. Briefing of OPORD; understanding of order by participants.
  - k. FRAGO planning and issue.
2. **CCF (19) Direct and Lead Unit during Preparation for the Battle** — The ways and means to prepare combined arms task force for the battle so that the combined arms task force is ready to support the maneuver commander's concept and intent. This CCF addresses:
  - a. Commander's activities.
  - b. Communicating information.
  - c. Briefbacks and backbriefs.
  - d. Rehearsals.
  - e. Management of the means of communicating information.
  - f. Maintaining and updating information and force status.
  - g. Managing information distribution.
  - h. Decisions to act or change ongoing actions.
  - i. Confirming IPB through the reconnaissance effort.
  - j. Determining actions to implement decisions.
  - k. Providing command presence.
  - l. Maintaining unit discipline.
  - m. Synchronizing tactical operations (e.g., execution matrix DST).
  - n. TOC operations (e.g., staff integration and battle tracking).
  - o. Continuity of command.
  - p. Second in command (2IC responsibilities).
  - q. Continuous and sustained operations.
  - r. Communications (e.g., planning, installation and operation of system, management, site selection).
3. **CCF (20) Direct and Lead Units in Execution of Battle** — The ways and means to command and control in the combined arms task force execution of the battle plan (engaging the enemy in battle) to accomplish the maneuver commander's concept and intent. This CCF addresses:
  - a. Directing the conduct of the battle.
  - b. Issue orders.
  - c. Command presence.
  - d. Information distribution.
  - e. Decide on need for action or change.
  - f. Maintaining unit discipline.
  - g. Synchronizing tactical operations.

## CCF 33 — Treat and Evacuate Battlefield Casualties

- h. TOC operations (includes CP displacement, security, survivability).
- i. Continuity of command (e.g., C2 redundancy).
- j. Second in command (2IC) responsibilities.
- k. Continuous and sustained operations.
- l. Consolidation and reorganization.

VI. **Mobility and Survivability BOS** — The ways and means of the force that permit freedom of movement, relative to the enemy, while retaining the task force ability to fulfill its primary mission as well as the measures the force takes to remain viable and functional by protection from the effects of enemy weapons systems and natural occurrences.

1. **CCF (21) Overcome Obstacles** — Enabling the maneuver force to maintain its mobility by removing or clearing/reducing natural and man-made obstacles. This CCF will initiate after receipt of the OPOD and address subordinate echelon planning as well as task force preparation and execution tasks necessary to achieve the maneuver commander's concept and intent. This CCF addresses:
  - a. Breach obstacle. Clearing a path or lane for personnel and equipment through a battlefield obstacle.
  - b. Cross gaps. Passing through or over any battlefield terrain feature, wet or dry, that is too wide to be overcome by organic/self bridging.
2. **CCF (22) Enhance movement** — Provision of adequate mobility for the maneuver unit in its area of operations. This CCF addresses:
  - a. Construction and repair of combat roads and trails.
  - b. Construction or repair of forward airfields.
  - c. Facilitating movement on routes. (This includes control of road traffic and control of refugees and stragglers.)
  - d. Tracking status of routes.
  - e. Host nation support.
3. **CCF (23) Provide Countermobility** — Delaying, channeling, or stopping offensive movement by the enemy consistent with the commander's concept and intent by enhancing the effectiveness of friendly direct and indirect weapons systems. This CCF addresses:
  - a. Emplacement of mines and complex obstacles.
  - b. Digging tank ditches.
  - c. Creation of road craters with explosives.
  - d. Terrain enhancement.
4. **CCF (24) Enhance Physical Protection** — Providing protection of friendly forces on the battlefield by enhancing the physical protection of personnel, equipment and weapons systems, and supplies. This CCF addresses:
  - a. Construction of fighting positions.
  - b. Preparation of protective positions.
  - c. Employment of protective equipment.
5. **CCF (25) Provide Operations Security** — Denying information to the enemy about friendly capabilities and intentions by identifying, controlling, and protecting indicators associated with planning and conducting military operations. This CCF addresses:

## CCF 33 — Treat and Evacuate Battlefield Casualties

- a. Analysis to determine key assets and threats to them.
    - b. Cover and concealment.
    - c. Camouflage.
    - d. Noise and light discipline.
    - e. Counter reconnaissance.
    - f. Smoke/obscurants.
    - g. Physical security measures.
    - h. Signal security.
    - i. Electronic security.
  6. **CCF (26) Conduct Deception Operations** — Taking actions to mask the real objectives of tactical operations in order to delay effective enemy reaction. This CCF addresses:
    - a. Physical deception.
    - b. Electronic deception.
  7. **CCF (27) Provide Decontamination** — Making any person, object or area safe by absorbing, destroying, neutralizing, making harmless or removing chemical or biological agents, or by removing radioactive material. This CCF addresses:
    - a. Decontamination of individual soldiers and equipment.
    - b. Decontamination of weapon systems and supplies.
    - c. Hasty and deliberate decontamination.
- VII. **Combat Service Support BOS** — The support, assistance and service provided to sustain forces, primarily in the area of logistics, personnel services and health services.
1. **CCF (28) Provide Transport Services** — Providing or coordinating for transportation which will assure sustainment support operations in support of the maneuver commander. Upon receipt of an OPORD, this CCF addresses preparation and execution tasks necessary to achieve transportation support of the maneuver force. This CCF addresses:
    - a. Movement of cargo, equipment and personnel by surface or air.
    - b. Loading, transloading and unloading material and supplies.
  2. **CCF (29) Conduct Supply Operations** — Providing the items necessary to equip, maintain and operate the force during the preparation and execution phases of the battle. This CCF addresses:
    - a. Requesting, receiving, procuring, storing, protecting, relocating and issuing supplies to the specific elements of the force.
    - b. Providing munitions to weapons systems.
    - c. Providing fuel and petroleum products to equipment and weapons systems.
    - d. Reporting status.
  3. **CCF (30) Provide Personnel Services** — Management and execution of all personnel-related matters to sustain the force. This CCF addresses:
    - a. Personnel Administrative Services.
      - 1) Replacement, casualty reporting.
      - 2) Awards and decorations.

## CCF 33 — Treat and Evacuate Battlefield Casualties

- 3) Postal Operations.
  - 4) Promotions, reductions.
  - b. Financial services.
  - c. Unit Ministry team.
  - d. Legal.
  - e. Public Affairs.
  - f. Reporting personnel status.
  - g. Preservation of the force through safety.
  - h. Management of stress.
4. **CCF (31) Maintain Weapons Systems and Equipment** — Preservation and repair of weapons systems and equipment. This CCF includes the provision of repair parts and end items to all members of the combined arms team before, during and after the battle. Included also is doctrinal echeloning of maintenance (organization, DS, GS). This CCF addresses:
- a. Preventative Maintenance.
  - b. Recovery.
  - c. Diagnosis, substitution, exchange, repair and return of equipment and weapons systems to the combined arms force.
  - d. Reporting status.
5. **CCF (32) Provide Health Services** — Performance, provision or arrangement for health services regardless of location, to promote, improve, conserve or restore the mental or physical well-being of individuals or groups. This CCF addresses
- a. Preventive medicine.
  - b. Field sanitation.
6. **CCF (33) Treat and Evacuate Battlefield Casualties** — Application of medical procedures on battlefield casualties beginning with "buddy aid" through trained medical personnel. The CCF includes movement of casualties from the forward edge of the battlefield back to division-level medical facilities. This CCF addresses:
- a. Triage of battlefield casualties.
  - b. Treatment and movement of casualties to rear (medevac).
    - 1) Identification of levels of care and locations.
    - 2) Synchronization and coordination of movement of medical facilities to ensure continuity of care.
    - 3) Establishment and maintenance of communications with redundant means.
    - 4) Rehearsals.
    - 5) Resupply.
  - c. Evacuation:
    - 1) Ground ambulance.
    - 2) Aero medevac.
    - 3) Non-standard evacuation.
  - d. Handling and processing the remains of soldiers who have died of wounds.
  - e. Reporting status.
7. **CCF (34) Conduct Enemy Prisoners of War (EPW) Operations** — The collection, processing, evacuation and safeguarding of enemy prisoners of war. This CCF addresses:
- a. Collecting and evacuating EPW.
  - b. Searching, segregating, safeguarding, silencing, and rapid rearward movement of EPW.

## CCF 33 — Treat and Evacuate Battlefield Casualties

8. **CCF (35) Conduct Law and Order Operations** — Enforcement of laws and regulations and maintenance of units and personnel discipline.
9. **CCF (36) Conduct Civil Affairs Operations** — Conduct of those phases of the activities of a tactical commander which embrace the relationship between the military forces and civil authorities, and the citizens in a friendly or occupied country or area when U.S. military forces are present.
10. **CCF (37) Provide Sustainment Engineering** — The repair and construction of facilities and lines of communication. This CCF addresses:
  - a. Rear area restoration.
  - b. Construction and maintenance of lines of communication (roads, railroads, ports, airfields).
  - c. Construction support:
    - 1) Marshaling, distribution and storage facilities.
    - 2) Pipelines.
    - 3) Fixed facilities.
    - 4) Drill wells.
    - 5) Dismantlement of fortifications.
11. **CCF (38) Evacuate Non-combatants from Area of Operations** — The use of available military and host-nation resources for the evacuation of US forces, dependents, US government civilian employees, and private citizens (US and other). This CCF addresses:
  - a. Medical support.
  - b. Transportation.
  - c. Security.
  - d. Preparation of temporary shelters.
  - e. Operation of clothing exchange facilities.
  - f. Operation of bathing facilities.
  - g. Graves registration.
  - h. Laundry.
  - i. Feeding.
12. **CCF (39) Provide Field Services** — Performance of service logistics functions by and for Army elements in the field. This CCF addresses:
  - a. Clothing exchange.
  - b. Bathing facilities.
  - c. Graves registration.
  - d. Laundry and clothes renovation.
  - e. Bakeries.
  - f. Feeding (rations supply, kitchens).
  - g. Salvage.



## OUTCOMES AND PURPOSE OF CCF 33

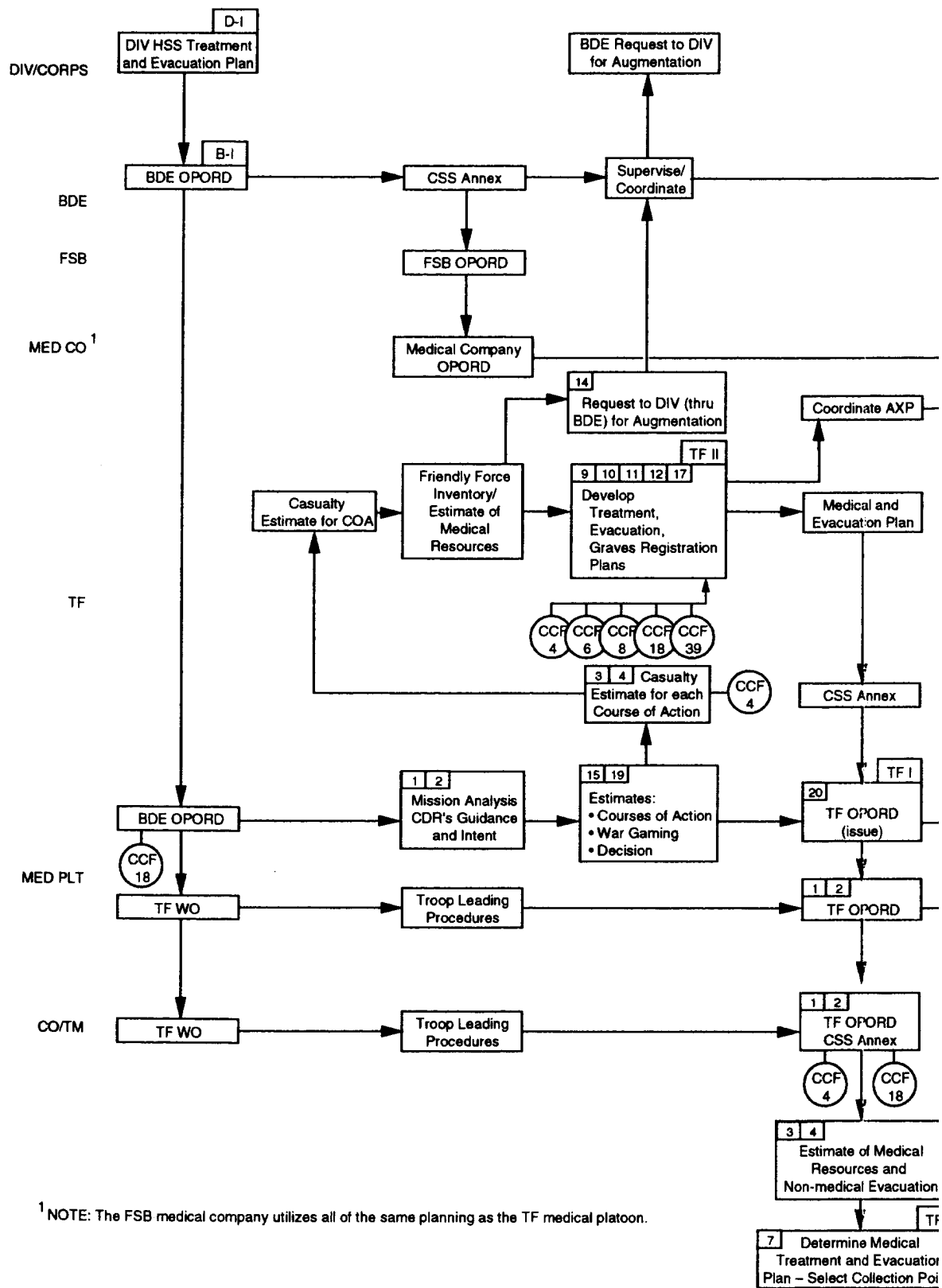
### OUTCOMES

1. The casualty treatment and evacuation plan supports the overall maneuver plan and the commander's intent. Medical assets are deployed and weighted in relation to where, when, and how many casualties are estimated to occur.
2. Treatment of casualties is continuous as permitted by the mission and conditions. Casualties receive lifesaving care or treatment at the earliest opportunity so as to prevent further injury.
3. Casualty evacuation is timely and efficient as allowed by mission. Loss of life or limb is not caused by undue delay of evacuation. Evacuation priority is based upon the wounds or injuries of the patient. Casualties are evacuated to the echelon appropriate to the nature of the injury and the treatment required.

### PURPOSE

The preservation of a task force's personnel strength and the welfare of soldiers through the initial and subsequent treatment of injured and wounded soldiers, the quick evacuation of soldiers to the appropriate level of medical treatment for wounds and injuries, and the rapid return of soldiers to duty.

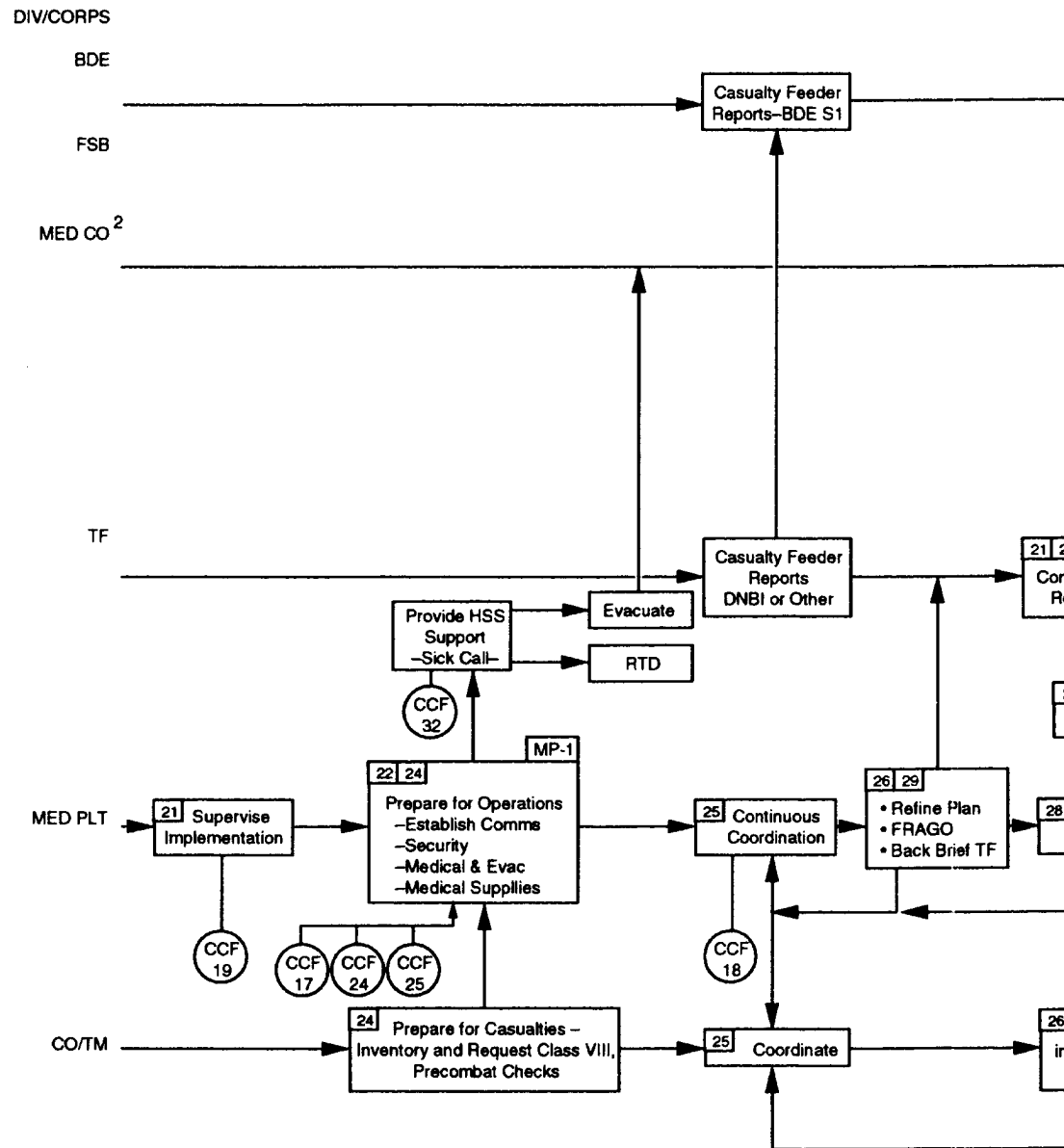
# TASK FLOW BY TASK FOR PLAN



<sup>1</sup> NOTE: The FSB medical company utilizes all of the same planning as the TF medical platoon.



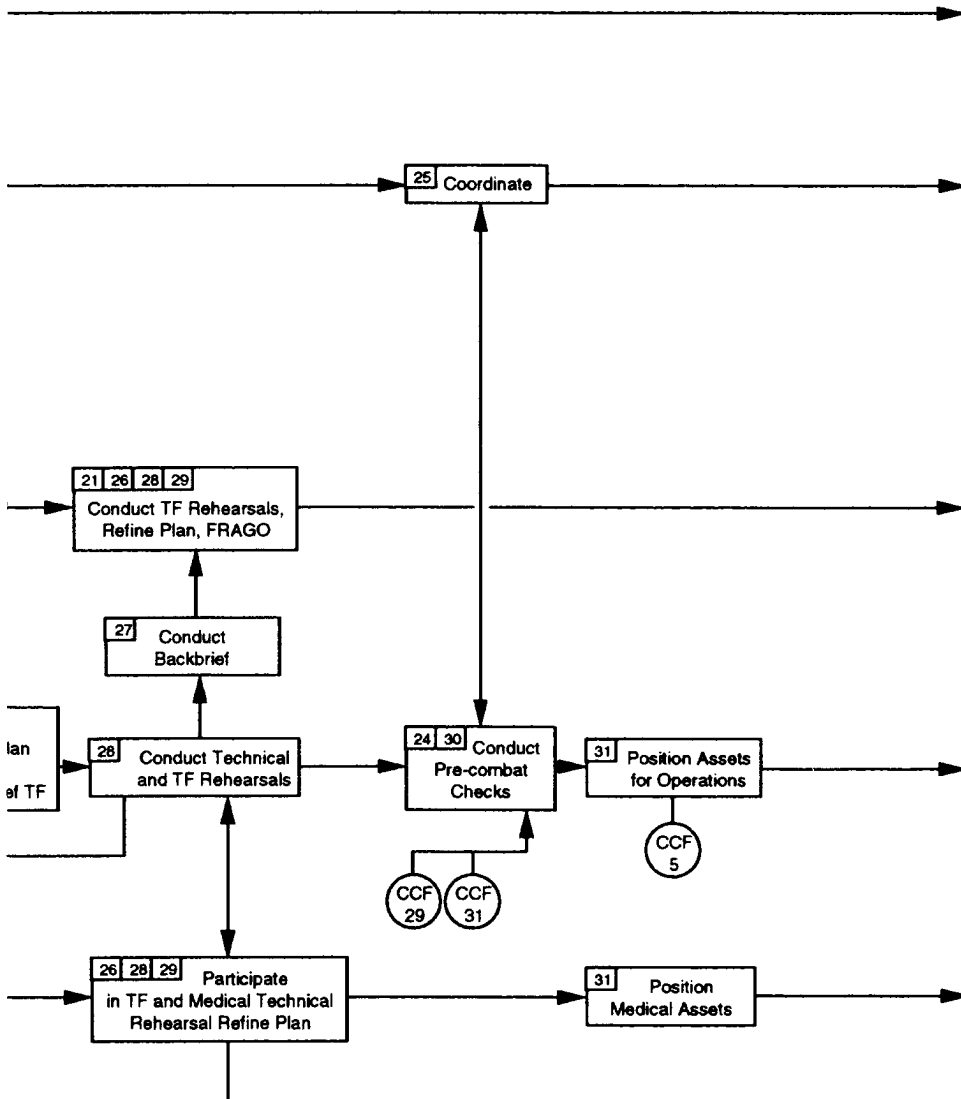
## TASK FLOW BY TASK FOR PREPA



<sup>2</sup> NOTE: In a separate brigade CL VIII requests go from the BMSO to the Corps Medical Logistics Co. A BAS requests CL VIII f

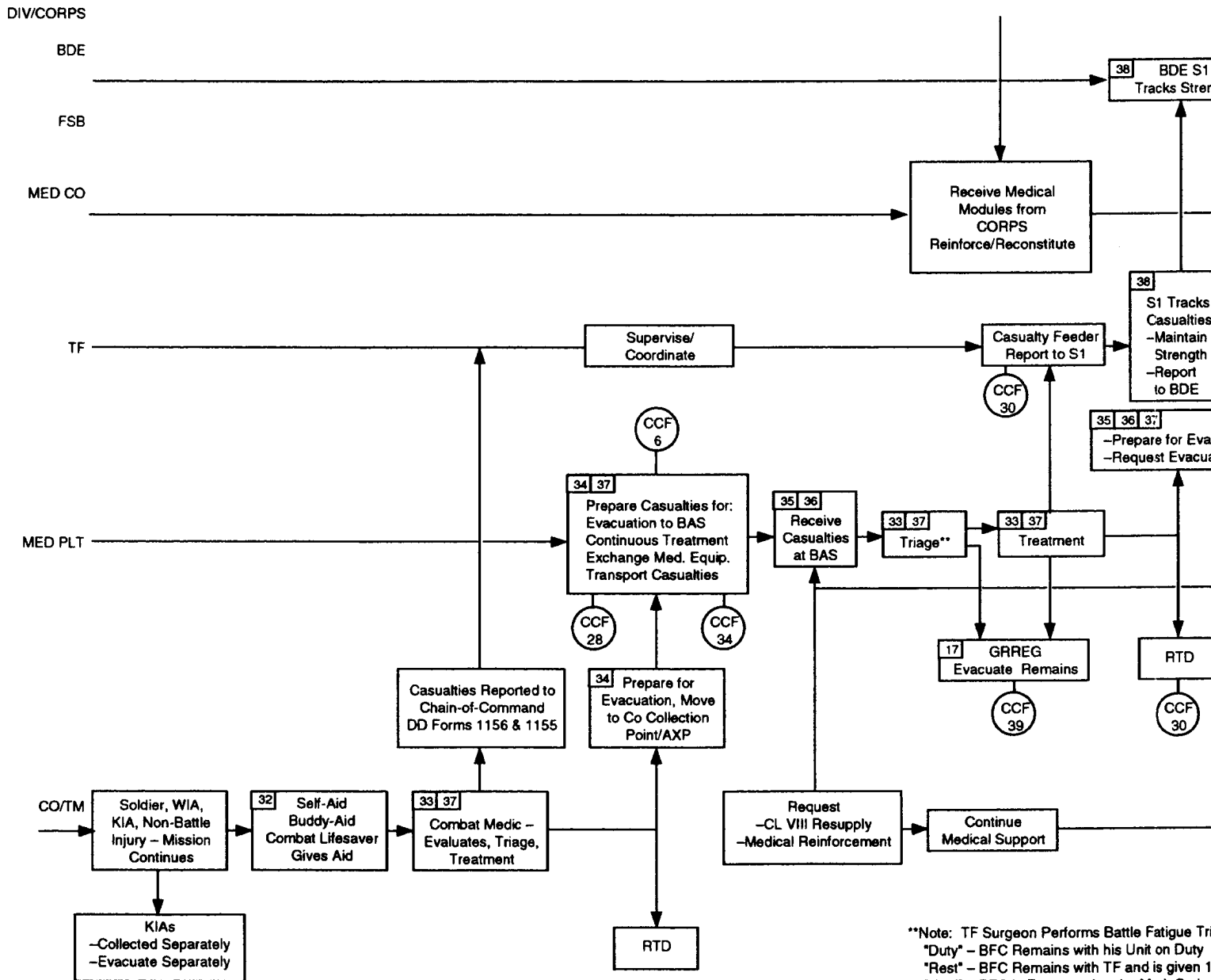
○ CCF    □ (outside) Input or Output  
          □ (inside) Task

# SK FORCE BATTLE PHASE PREPARE



Tests CL VIII from the BMSO.

## TASK FLOW BY TASK FORCE BAT EXECUTE



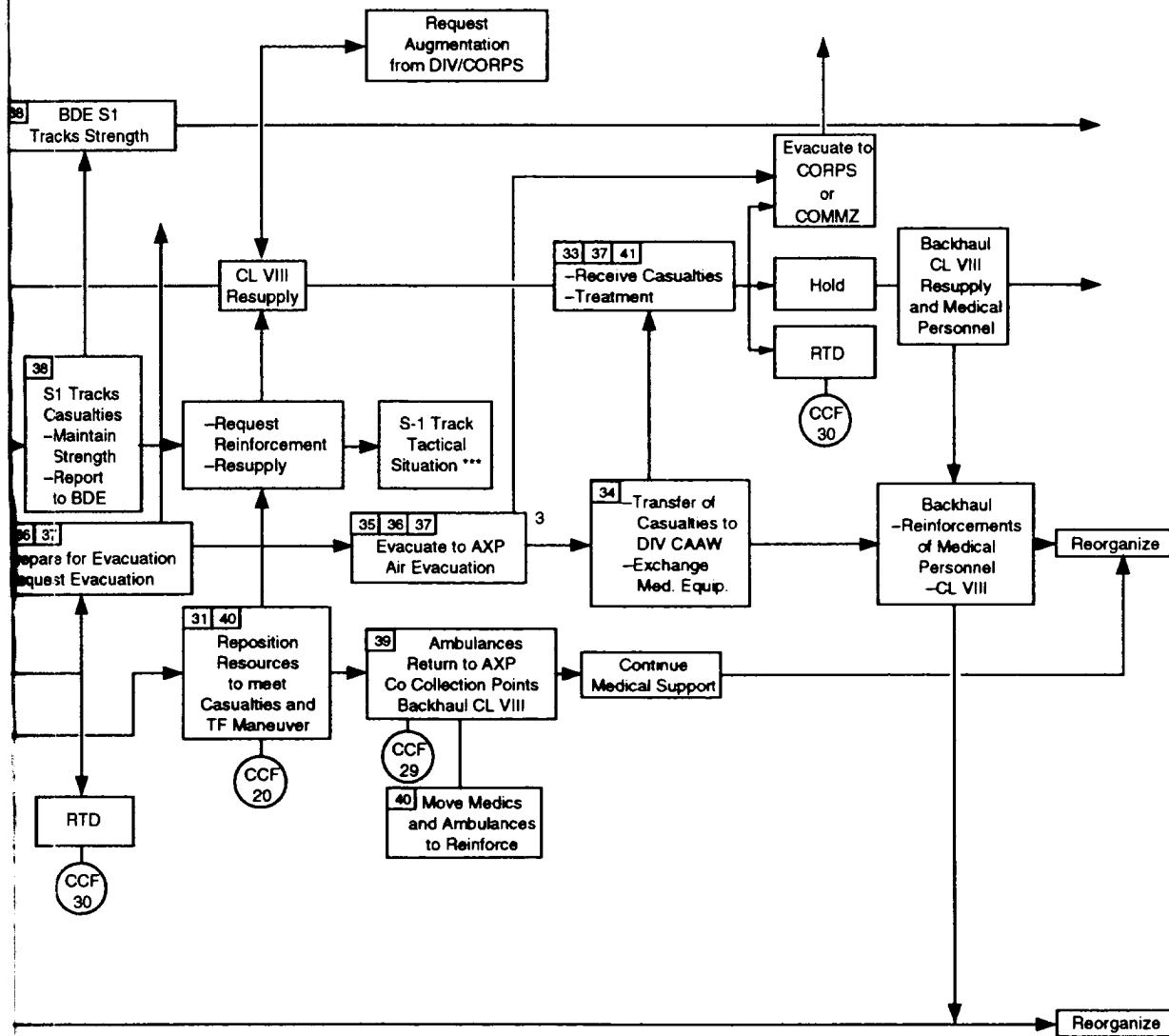
**\*\*Note: TF Surgeon Performs Battle Fatigue Treatment**  
**"Duty"** - BFC Remains with his Unit on Duty  
**"Rest"** - BFC Remains with TF and is given 1 hour of rest  
**"Hold"** - BFC is Evacuated to the Med. Co in the rear  
**"Rear"** - BFC cannot be held for treatment in the rear

\*\*\*Note: Situation is tracked so as to anticipate react to changes in METT-T.

<sup>3</sup> Depending on the condition of the BFC, the E

○ CCF    □ (outside) Input or Output  
          ◻ (inside) Task

## CE BATTLE PHASE



**1. Fatigue Triage at the BAS:**  
**1.1 Unit on Duty**  
 and is given 1 to 2 Days of Limited Duty in the TF Rear  
**1.2 Med. Co in the BSA**  
 or treatment in the BSA and is Evacuated to the MSMC in the DSA

- to anticipate preplanned or unplanned displacements;

the BFC, the BFC may be evacuated to any level of care, by passing other levels

## CCF 33 — Treat and Evacuate Battlefield Casualties

### OTHER CCF WHICH INTERACT WITH CCF 33

CCF # & TITLE	LOGIC
CCF 4 Disseminate Intelligence	Threat analysis for estimation of casualties and location of assets.
CCF 5 Conduct Tactical Movement	Movement of medical elements and evacuation.
CCF 6 Engage Enemy with Direct Fire and Maneuver	Treatment and evacuation plan based on maneuver plan.
CCF 8 Employ Field Artillery	Fire support plan impacts on evacuation plan and suppression for casualties evacuation.
CCF 17 Take Passive Air Defense Measures	Cover and concealment of medical assets.
CCF 18 Plan for Combat Operations	Synchronization of medical plan with the tactical plan.
CCF 19 Direct and Lead Unit During Preparation for the Battle	Leadership of medical personnel.
CCF 20 Direct and Lead Unit in Execution of Battle	Flexible leadership to manage medical personnel in battle.
CCF 24 Enhance Physical Protection	Defense of battalion aid station/combat trains, security of personnel forward near FLOT.
CCF 25 Provide Operations Security	Communications security, cover and concealment of medical assets.
CCF 27 Provide Decontamination	Operate under NBC conditions.
CCF 28 Provide Transport Services	Evacuation of casualties, hauling of medical supplies, non-medical vehicle augmentation.
CCF 29 Conduct Supply Operations	Class VIII Medical Supplies.
CCF 30 Provide Personnel Services	Casualty reporting, strength accounting, replacement processing.
CCF 31 Maintain Weapons Systems and Equipment	Maintenance of medical vehicles and special equipment.
CCF 32 Provide Health Services	Evacuation of non-battle injuries.
CCF 34 Conduct Enemy Prisoners of War (EPW) Operations	Evacuate and treatment of EPWs.
CCF 38 Evacuate Non-Combatants from Area of Operations	Medical treatment of sick and wounded non-combatants.
CCF 39 Provide Field Services	Establishment of a morgue and assistance with graves registration.



## CCF 33 — Treat and Evacuate Battlefield Casualties

### CCF 33

#### KEY PARTICIPANTS BY TASK

<u>TASK</u>	<u>KEY PARTICIPANTS</u>
1. Understand commander's intent	All Combined Arms
2. Conduct mission analysis	S1, Medical Plt Ldr
3. Develop casualty estimate	S1, Medical Plt Ldr
4. Estimate necessary resources to accomplish mission	Medical Plt Ldr, S1
5. Develop a tentative plan	S1, Medical Plt Ldr, Medical Co CDR
6. Conduct leaders' reconnaissance	Medical Plt Ldr/SGT
7. Develop treatment plan	Medical Plt Ldr
8. Coordination planning	Medical Plt Ldr, Tm/Co CDR, 1SG
9. Develop casualty-evacuation plan	Medical Plt Ldr, S1, Med Co Amb. Plt Ldr
10. Develop contingency plans	Medical Plt Ldr, S1 Med Co Amb. Plt Ldr, S1
11. Develop mass casualty plan	Medical Plt Ldr
12. Plan Class VIII resupply	Medical Plt Ldr, Medical Plt Sgt
13. Plan communications	Medical Plt Ldr, S1, S3
14. Plan for reinforcement/reconstitution	S1, Medical Plt Ldr, Medical Co CDR, Division Surgeon
15. Plan for limited visibility operations	Medical Plt Ldr, Plt SGT, Tm/Co 1SG
16. Plan for NBC operations	Medical Plt Ldr, Chemical officer
17. Plan for graves registration	S1, S4
18. Plan for EPW casualties	S1, Medical Plt Ldr
19. Prepare plan/order	Medical Plt Ldr, S1
20. Issue plan/order	Medical Plt Ldr, All combined arms team

## CCF 33 — Treat and Evacuate Battlefield Casualties

<b><u>TASK</u></b>	<b><u>KEY PARTICIPANTS</u></b>
21. Supervise implementation of plans and order	All leaders
22. Establish communications	Medical Plt Ldr
23. Secure location	XO, Medical Plt Ldr, SGT, All Personnel
24. Prepare for operations	All medical personnel
25. Conduct continuous coordination	Medical Plt Ldr/SGT S1, S3, S4
26. Refine plan, issue FRAGO	Medical Plt Ldr, S1
27. Conduct Backbrief	Medical Plt Ldr, S1, CDR
28. Conduct technical rehearsals	All medical personnel
29. Refine plan to reflect changes found necessary in rehearsals, FRAGO	Medical Plt Ldr, S1
30. Conduct precombat checks	Medical Plt Ldr/SGT, Tm/Co Ldrs
31. Position assets for operations	Medical PLT LDR/SGT
32. Give self/buddy-aid, or combat lifesaver support to casualty	Individual soldier
33. Combat medic evaluates casualty and gives treatment	CBT Medic
34. Casualty is evacuated to collection point or AXP	Line PLT LDR/SGT, CBT medic
35. Receive casualties at collection point or AXP	TF ambulances
36. Receive casualties at Battalion aid station	BAS personnel
37. Treat and evacuate casualties	BAS personnel, TF ambulances
38. Track casualties	Chain of Command, S1
39. Ambulances return to collection point on AXP	TF ambulances
40. Assets are monitored and massed according to situation	Medical PLT LDR, S1, CDR
41. Morgue establishment	S4, Medical Plt Ldr

**KEY INPUTS TO CCF 33  
(W/ CRITICAL INFORMATION)**

**D-I DIVISION HSS ANNEX**

- a. Division CI VIII logistics and blood product plan
- b. Medical personnel replacement and reinforcement plan
- c. Division evacuation and treatment plan
- d. Medical intelligence
- e. Corps evacuation guidance
- f. Corps medical regulating and treatment plan
  - Identifies which corps hospitals are DS
  - Specifies priority of bed fill by patient category and hospital

**B-I BRIGADE OPORD**

- a. Commander's intent
- b. Commander's guidance for treatment and evacuation
- c. Brigade scheme of maneuver
- d. Brigade CSS Annex
- e. Location of medical assets
- f. Brigade main medical effort
- g. Brigade IPB

**TF-I TASK FORCE OPORD**

- a. Commander's intent
- b. Commander's guidance for evacuation
- c. TF scheme of maneuver
- d. TF IPB
- e. TF CSS plan

**TF-II TASK FORCE SOP**

- a. Evacuation of sick and wounded
- b. Class VIII resupply
- c. NBC planning and operations
- d. Initial lifesaving steps by self/buddy-aid, combat lifesavers
- e. Use of non-medical vehicles for evacuation
- f. Organization for combat
- g. Duties and responsibilities

**MP-I MEDICAL PLATOON SOP**

- a. Evacuation and treatment procedures
- b. Communication links
- c. Security of the BAS
- d. Organization of BAS
- e. NBC operations
- f. Duties and responsibilities

**CCF 33 TASK LIST SUMMARY**

- PLANNING**
1. Understand commander's intent (FM 8-55, Chap. 2).
  2. Conduct mission analysis (FM 8-55, Chap. 2; MTP 17-236-12, Task 08-4-0001)
  3. Develop casualty estimate. (FM 8-55 Chap. 2; FM 8-10-5, Appx F)
  4. Estimate necessary resources to accomplish mission (MTP 17-236-12, Task 08-4-0001).
  5. Develop a tentative plan (FM 8-10-4, Chap. 5; MTP 17-236-12, Task 08-4-0001).
  6. Conduct leaders' reconnaissance (FM 8-55, Chap. 2; FM 8-10-4, Chap. 5; MTP 17-236-12, Task 08-4-0004).
  7. Develop treatment plan (FM 8-10-4, Chap. 5; MTP 17-236-12, Task 08-4-0001/14).
  8. Coordinate planning with companies and adjacent units (MTP 17-236-12, Task 08-4-0001/04; FM 8-10-6, Chap. 4).
  9. Develop casualty evacuation plan (FM 8-10-6, Chap. 4; MTP 17-236-12, Task 08-4-0004).
  10. Develop contingency plans.
  11. Develop mass casualty plan (FM 8-10-4, Chap. 5).
  12. Plan Class VIII resupply (FM 8-10-4, Chap. 5; MTP 17-236-12, Task 08-4-0001)
  13. Plan communications (MTP 17-236-12, Task 08-4-C007).
  14. Plan for reinforcement/reconstitution of medical modules (FM 8-10, Chap. 3).
  15. Plan for limited visibility operations.
  16. Plan for NBC operations (FM 8-10-4, Chap. 6; MTP 17-236-12, Task 08-4-0001)
  17. Plan for graves registration (FM 8-10-5, Chap. 4).
  18. Plan for EPW casualties (FM 8-10-5; MTP 17-236-12, Task 08-4-0010, 19-3-C004/5).
  19. Prepare plan/order (FM 8-10-4, Chap. 5; MTP 17-236-12, Task 08-4-0001).
  20. Issue plan/order (FM 8-10-4, Chap. 5; MTP 17-236-12, Task 08-4-0001).

## CCF 33 — Treat and Evacuate Battlefield Casualties

- PREPARATION**
21. Supervise implementation of plans and orders (FM 8-10-4, Chap. 5; MTP 17-236-12, Task 08-4-0001).
  22. Establish communications (FM 8-10-4, Chap. 4 & 5; MTP 17-236-12, Task 1-3-C007/9).
  23. Secure location (FM 8-10-4, Chap. 5; MTP 17-236-12, Task 19-3-C006).
  24. Prepare for operations (FM 8-10-4, Chap. 5; MTP 17-236-12, Task 08-4-0014/04/03).
  25. Conduct continuous coordination (FM 8-10-4, Chap. 5; MTP 17-236-12, Task 08-4-0001/4).
  26. Refine plan, issue FRAGO (MTP 17-236-12, Task 08-4-0001)
  27. Conduct back brief (MTP 17-236-12, Task 08-4-0001).
  28. Conduct technical rehearsals (OC NOTES).
  29. Refine plan to reflect changes found necessary in rehearsals, issue FRAGO (MTP 17-236-12, Task 08-4-0001).
  30. Conduct precombat checks (FM 8-10-4, Chap. 5).
  31. Position assets for operations (FM 8-10-4, Chap. 5; FM 8-10-6, Chap. 7; MTP 17-236-12, Task 08-4-0001/4).
- EXECUTION**
32. Give self-aid, buddy-aid, or combat lifesaver support to casualty (MTP 71-2, Task 7-1-3033).
  33. Combat medic evaluates casualty and gives treatment (MTP 71-2, Task 7-1-3033; MTP 17-236-12, Task 08-4-0005).
  34. Casualty is evacuated to collection point or ambulance transfer point.
  35. Receive casualties at collection point or ambulance transfer point (FM 8-10-6, Chap. 4; MTP 17-236-12, Task 08-4-0006/8).
  36. Receive casualties at battalion aid station (FM 8-10-4, Chap. 5; MTP 17-236-12, Task 08-4-0005).
  37. Treat and evacuate casualties (FM 8-10-4, Chap. 5; MTP 17-236-12, Task 08-4-0006, 12-3-C005).
  38. Track casualties.
  39. Ambulances return to collection point or ambulance transfer point (FM 8-10-6, Chap. 4; FM 8-10-4, Chap. 5; MTP 17-236-12, Task 08-4-0012)
  40. Assets are monitored and massed according to situation (OC Notes).
  41. Morgue Established (FM 8-10-5, Chap. 4).

**TREAT AND EVACUATE BATTLEFIELD CASUALTIES  
PLANNING TASK LIST**

1. **Understand commander's Intent** (FM 8-55, Chap. 2)
  - a. See CCF 4, Disseminate Intelligence; CCF 18, Plan for Combat Operations.
2. **Conduct mission analysis** (FM 8-55, Chap. 2; MTP 17-236-12, Task 08-4-0001).
  - a. Identify stated tasks.
  - b. Identify implied tasks.
  - c. Identify essential tasks.
  - d. Restate platoon mission: who, what, where, when, why.
  - e. See CCF 4, Disseminate Intelligence; CCF 18, Plan for Combat Operations.
3. **Develop casualty estimate** (FM 8-55 Chap. 2; FM 8-10-5, Appx F)
  - a. Determine TF scheme of maneuver and enemy SITEMP.
  - b. Develop casualty estimate based on scheme of maneuver: how many, where, when — casualty template.
  - c. Develop estimate of preventive medicine requirements.
  - d. See CCF 4, Disseminate Intelligence.
4. **Estimate necessary resources to accomplish mission** (MTP 17-236-12, Task 08-4-0001)
  - a. Determine if TF or companies need augmentation.
  - b. Request to division for augmentation (through battalion)
  - c. See CCF 4, Disseminate Intelligence.
5. **Develop a tentative plan** (FM 8-10-4, Chap. 5; MTP 17-236-12, Task 08-4-0001)
  - a. Identify constraints and limitations.
  - b. Fix responsibilities.
  - c. Allocate available and planned augmentation resources.
  - d. Develop medical support scheme of maneuver, weight the main effort.

## CCF 33 — Treat and Evacuate Battlefield Casualties

- 1) Tentative location of battalion aid station.
  - 2) Tentative location of resources pushed forward.
  - 3) Tentative evacuation plan from FLOT to battalion aid station.
  - 4) Tentative evacuation plan from battalion aid station to ambulance transfer point.
6. **Conduct leaders' reconnaissance** (FM 8-55, Chap. 2; FM 8-10-4, Chap. 5; MTP 17-236-12, Task 08-4-0004)
- a. Conduct map reconnaissance using OCOKA and considering:
    - 1) IPB Overlay.
    - 2) Operations overlay.
    - 3) Obstacle overlay.
    - 4) FS overlay.
    - 5) A2C2 overlay.

Planner must also consider subordinate and adjacent unit plans and graphics and adjust plans as necessary.
  - b. Conduct physical reconnaissance.
    - 1) Confirm map information for positions and routes.
    - 2) Determine physical characteristics of roads and cross country routes.
    - 3) Estimate traffic density.
    - 4) Determine time and distance factors.
    - 5) Determine lines of patient drift.
    - 6) Evaluate cover and concealment of routes and positions.
7. **Develop treatment plan** (FM 8-10-4, Chap. 5; MTP 17-236-12, Task 08-4-0001/14)
- a. Develop treatment plan from the FLOT to battalion aid station.
  - b. Plan location of medical assets.
    - 1) Medical resources forward.
    - 2) Flexible operations.
    - 3) Mass in area of expected highest casualties.
  - c. Plan layout of battalion aid station.
  - d. Plan for collection and return of unit equipment for casualties evacuated to division.
  - e. Plan for treatment of NBC casualties.
  - f. See CCF 4, Disseminate Intelligence; CCF 18, Plan for Combat Operations; CCF 29, Conduct Supply Operations.

## CCF 33 — Treat and Evacuate Battlefield Casualties

8. **Coordinate planning with companies and adjacent units** (MTP 17-236-12, Task 08-4-0001/04; FM 8-10-6, Chap. 4)
  - a. Determine SOI and communication requirements.
  - b. Coordinate security measures for resources forward.
  - c. Exchange initial medical control measures.
9. **Develop casualty evacuation plan** (FM 8-10-6, Chap. 4; MTP 17-236-12, Task 08-4-0004).
  - a. Determine primary/alternate/future locations of battalion aid station and ambulance transfer point.
  - b. Determine primary/alternate/future locations of company collection points.
  - c. Determine primary/alternate/future evacuation routes from the FLOT to battalion aid station and ambulance transfer point.
  - d. Determine priority of aeromedical evacuation assets and landing sites.
  - e. Plan for the use of non-medical transportation for evacuation of mass casualties.
  - f. Coordinate evacuation plan with S3 and S4.
  - g. See CCF 4, Disseminate Intelligence; CCF 6, Engage Enemy with Direct Fire and Maneuver; CCF 8, Employ Field Artillery; CCF 18, Plan for Combat Operations
10. **Develop contingency plans.**
  - a. Emergency displacement plan.
    - 1) Establish clearly defined displacement criteria.
    - 2) Establish load plan and priority.
    - 3) Select rally points and new battalion aid station location.
    - 4) Establish routes to rally point and new battalion aid station location.
  - b. Determine how the medical platoon will replace ambulances and combat medic losses.
  - c. Determine new evacuation routes and ambulance transfer points if the division clearing station in the BSA is lost.
  - d. See CCF 4, Disseminate Intelligence; CCF 6, Engage Enemy with Direct Fire and Maneuver; CCF 8, Employ Field Artillery; CCF 18, Plan for Combat Operations; CCF 39, Provide Field Services.



## CCF 33 — Treat and Evacuate Battlefield Casualties

11. **Develop mass casualty plan** (FM 8-10-4, Chap. 5)
  - a. See CCF 4, Disseminate Intelligence; CCF 6, Engage Enemy with Direct Fire and Maneuver; CCF 8, Employ Field Artillery; CCF 18, Plan for Combat Operations; CCF 39, Provide Field Services.
12. **Plan Class VIII resupply** (FM 8-10-4, Chap. 5; MTP 17-236-12, Task 08-4-0001)
  - a. Plan and prepare push packages for combat medics.
  - b. Plan for supplies based on estimate of casualties; there must be sufficient supplies to treat the maximum number of casualties.
  - c. See CCF 4, Disseminate Intelligence; CCF 6, Engage Enemy with Direct Fire and Maneuver; CCF 8, Employ Field Artillery; CCF 18, Plan for Combat Operations; CCF 39, Provide Field Services.
13. **Plan communications** (MTP 17-236-12, Task 08-4-C007)
  - a. To companies.
  - b. To TF.
  - c. To FSB medical company.
14. **Plan for reinforcement/reconstitution of medical modules** (FM 8-10, Chap. 3)
  - a. See CCF 4, Disseminate Intelligence; CCF 18, Plan for Combat Operations; CCF 29, Conduct Supply Operations.
15. **Plan for limited visibility operations.**
  - a. Increased security.
  - b. Illumination.
  - c. Employment of night vision devices.
  - d. Evacuation route marking.
16. **Plan for NBC operations** (FM 8-10-4, Chap. 6; MTP 17-236-12, Task 08-4-0001)
  - a. Contamination avoidance.
    - 1) Deploy chemical alarms.
    - 2) Identify monitoring teams.
    - 3) Reaction to chemical alarms.
  - b. Determine MOPP level.

- c. Plan Decon operations.
    - 1) Establish priorities.
    - 2) Location of Decon assets.
  - d. Plan for medical operations in an NBC environment.
    - 1) Decon site for casualties.
    - 2) Dirty and clean treatment sites.
    - 3) Location and personnel for patient decon.
17. **Plan for graves registration** (FM 8-10-5, Chap. 4)
- a. Identify morgue area.
  - b. Plan for evacuation and transportation of remains.
  - c. Plan for tagging and safeguarding of personal effects.
  - d. See CCF 4, Disseminate Intelligence; CCF 6, Engage Enemy with Direct Fire and Maneuver; CCF 8, Employ Field Artillery; CCF 18, Plan for Combat Operations; CCF 39, Provide Field Services.
18. **Plan for EPW casualties** (FM 8-10-5; MTP 17-236-12, Task 08-4-0010, 19-3-C004/5)
- a. See CCF 34, Conduct Enemy Prisoners of War (EPW) Operations.
19. **Prepare plan/order** (FM 8-10-4, Chap. 5; MTP 17-236-12, Task 08-4-0001).
- a. Prepare necessary written orders.
  - b. Prepare overlays for battalion, companies, and FSB medical company.
    - 1) Control measures.
    - 2) Primary/alternate/future evacuation routes.
    - 3) Primary/alternate/future locations of battalion aid station, FSB medical company, ambulance transfer points, collection points, contingencies.
20. **Issue plan/order** (FM 8-10-4, Chap. 5; MTP 17-236-12, Task 08-4-0001)
- a. Order contains essential information for operations.
  - b. Conveys commander's intent.
  - c. Supports the operation.

**TREAT AND EVACUATE BATTLEFIELD CASUALTIES  
PREPARATION TASK LIST**

21. **Supervise implementation of plans and orders** (FM 8-10-4, Chap. 5; MTP 17-236-12, Task 08-4-0001)
  - a. See CCF 19, Direct and Lead Unit During Preparation for the Battle.
22. **Establish communications** (FM 8-10-4, Chap. 4 & 5; MTP 17-236-12, Task 11-3-C007/9).
  - a. Maintain continuous communications with deployed ambulances.
  - b. Maintain communications with support and supported units.
23. **Secure location** (FM 8-10-4, Chap. 5; MTP 17-236-12, Task 19-3-C006)
  - a. Disperse vehicles.
  - b. Camouflage battalion aid station.
  - c. Prepare positions as part of combat trains defense.
  - d. Prepare for NBC operations.
  - e. See CCF 17, Take Passive Air Defense Measures; CCF 24, Enhance Physical Protection; CCF 25, Provide Operations Security.
24. **Prepare for operations** (FM 8-10-4, Chap. 5; MTP 17-236-12, Task 08-4-0014/04/03)
  - a. Prepare for receiving and evacuation of casualties.
  - b. Inventory supplies.
  - c. Mark and position supplies and equipment.
  - d. Supplies and equipment are protected.
  - e. Equipment is setup and accessible.
  - f. Push packages for combat medics are prepared.
  - g. See CCF 17, Take Passive Air Defense Measures; CCF 24, Enhance Physical Protection; CCF 25, Provide Operations Security; CCF 29, Conduct Supply Operations; CCF 31, Maintain Weapons Systems and Equipment.

25. **Conduct continuous coordination** (FM 8-10-4, Chap. 5; MTP 17-236-12, Task 08-4-0001/4)
  - a. Coordinate planning with TF.
    - 1) Medical overlay is delivered.
    - 2) Communications are established.
    - 3) Support plan corresponds with tactical plan.
    - 4) Additional requirements identified.
    - 5) Changes implemented.
  - b. Make face-to-face coordination with companies.
    - 1) Ambulance transfer points and collection points coordinated.
    - 2) Responsibilities understood.
    - 3) Evacuation routes confirmed.
    - 4) Communications established.
    - 5) Additional requirements identified.
    - 6) Overlays exchanged.
  - c. See CCF 18, Plan for Combat Operations
26. **Refine plan, Issue FRAGO** (MTP 17-236-12, Task 08-4-0001)
  - a. Adjustments made to support tactical plan.
  - b. Priorities are adjusted.
  - c. Refinements are coordinated.
  - d. Refinements are understood by subordinate leaders.
27. **Conduct backbrief** (MTP 17-236-12, Task 08-4-0001)
28. **Conduct technical rehearsals** (OC NOTES).
  - a. Reactions to enemy attack (air, ground, artillery, NBC).
  - b. Ambulance drivers and casualty flow.
    - 1) Movement to ambulance transfer point, collection points.
    - 2) Transfer and care of casualties.
    - 3) Movement of casualties to battalion aid station.
    - 4) Receiving.

## **CCF 33 — Treat and Evacuate Battlefield Casualties**

- 5) Treatment and prepare for evacuation.
  - 6) Exiting.
  - 7) Movement of casualties to ambulance transfer point.
  - 8) Air evacuation.
- c. Mass casualties.
29. **Refine plan to reflect changes found necessary in rehearsals, Issue FRAGO** (MTP 17-236-12, Task 08-4-0001)
30. **Conduct precombat checks** (FM 8-10-4, Chap. 5)
- a. Maintenance and readiness of: weapons, vehicles, mission essential equipment, medical equipment, personnel.
31. **Position assets for operations** (FM 8-10-4, Chap. 5; FM 8-10-6, Chap. 7; MTP 17-236-12, Task 08-4-0001/4)
- a. Mark evacuation routes for day and night operations.
  - b. See CCF 5, Conduct Tactical Movement; CCF 20, Direct and Lead Units in Execution of Battle.

**TREAT AND EVACUATE BATTLEFIELD CASUALTIES  
EXECUTION TASK LIST**

32. **Give self-aid, buddy-aid, or combat lifesaver support to casualty** (MTP 71-2, Task 7-1-3033).
33. **Combat medic evaluates casualty and gives treatment** (MTP 71-2, Task 7-1-3033; MTP 17-236-12, Task 08-4-0005).
  - a. Prepares Field Medical Card (DD Form 1380).
  - b. Informs chain-of-command of evacuation.
34. **Casualty is evacuated to collection point or ambulance transfer point.**
  - a. See CCF 28, Provide Transport Services; CCF 34, Conduct Enemy Prisoners of War (EPW) Operations.
35. **Receive casualties at collection point or ambulance transfer point** (FM 8-10-6, Chap. 4; MTP 17-236-12, Task 08-4-0006/8).
  - a. Casualties are prepared for evacuation.
  - b. Medical treatment of casualties is continuous.
  - c. Exchange medical equipment.
  - d. Casualties quickly moved to battalion aid station.
36. **Receive casualties at battalion aid station** (FM 8-10-4, Chap. 5; MTP 17-236-12, Task 08-4-0005).
  - a. Provide uninterrupted treatment while maintaining flow.
  - b. Triage.
  - c. Deceased personnel are segregated from other casualties.
37. **Treat and evacuate casualties** (FM 8-10-4, Chap. 5; MTP 17-236-12, Task 08-4-0006, 12-3-C005).
  - a. Evaluate casualties.
  - b. Provide stabilization and life support treatment.
  - c. Provide treatment and return to duty.
  - d. Casualties prepared for evacuation.

## CCF 33 — Treat and Evacuate Battlefield Casualties

- e. Casualty evacuation request made to higher (air/ground).
  - f. Casualty evacuated to ambulance transfer point.
  - g. Casualty feeder report sent to TF.
38. **Track casualties** (FM 71-123, Chap. 8; MTP 17-236-12, Task 08-4-0015; OC Notes)
- a. Casualty is tagged (DD Form 1380).
  - b. Casualty feeder report is sent to TF S1.
  - c. TF S1 tracks casualties by specialty and company.
  - d. Casualty feeder report (DD 1156) and witness statements (DD 1155) prepared by leaders at squad level, assembled by 1SG, and forwarded to CTCF.
39. **Ambulances return to collection point or ambulance transfer point** (FM 8-10-6, Chap. 4; FM 8-10-4, Chap. 5; MTP 17-236-12, Task 08-4-0012)
- a. Back haul of requested Class VIII supplies.
  - b. Back haul of additional medical personnel and equipment.
  - c. See CCF 29, Conduct Supply Operations.
40. **Assets are monitored and massed according to situation** (OC Notes).
- a. Medical assets avoid danger areas.
  - b. Medical priority changes to support maneuver.
  - c. See CCF 20, Direct and Lead Units in Execution of Battle.
41. **Morgue Established** (FM 8-10-5, Chap. 4).
- a. Deceased out of sight of wounded.
  - b. Evacuated by other than medical resources.
  - c. Deceased are not evacuated with wounded.
  - d. See CCF 39, Provide Field Services.

**CALL LESSONS LEARNED RELEVANT TO CCF 33  
(EXTRACTS FROM LESSONS LEARNED BULLETINS)**

**1. Lessons Learned Bulletin- 89-5, November 1989**

**Planning:**

Anticipating and adequately providing CASEVAC are fundamental to a sound medical plan. Care and disposition of a large number of casualties can be a tremendous operational handicap. However, a substantial number of unanticipated casualties or casualties in an unanticipated location cannot only hinder but defeat the attack.

Integrated medical support planning is the essence of proactive medical CASEVAC. Integrating the medical support plan with the tactical scheme of maneuver increases the total plan's effectiveness by synchronizing critical elements of combat power, to include medical assets.

Use non-standard ground evacuation (other than medical vehicles) for CASEVAC of lightly wounded patients.

Locate BAS as far forward as the TF commander can allow.

Pre-designate casualty collection points.

The BAS must have sufficient medical supplies to treat the maximum number of expected casualties.

Task organize and allocate evacuation assets in relation to projected casualties.

Avoid premature deviation from the medical support plan. Allow the situation to develop but be pro-active.

Plan and use ambulance exchange points (AXPs).

Integrate medical support matrix with offensive and defensive overlays.

Request assistance from the supporting medical company when casualty evacuation workload exceeds your unit's capability.

Issue litters and other additional medical supplies to maneuver elements.

**2. Discussions with NTC Operations Group: March 1993**

The commander's guidance on casualty evacuation should be specific and detailed.

Casualty evacuation training must be integrated into home station tactical training.

The TF decision support template developed should consider medical requirements.

Casualty evacuation planning at TF level:

- S1 should estimate casualties. S1 should extrapolate from FM 8-55 and include mission, enemy terrain (including weather), troops, and time available as well as relevant experience in making his estimate.



## CCF 33 — Treat and Evacuate Battlefield Casualties

- The casualty estimate should include coordination with S2 and S3 so as to predict where to expect casualties. Estimate assists in planning where to locate evacuation assets, aid station, etc, and time line for doing so.
- The S1 and S4 must be involved in developing operations plan vice restricted to developing CSS in a reactive or isolated mode.
- The S1 estimates casualties for each course of action as part of the TF decision process. Based on the commander's guidance, the S1 estimates impact on evacuation and treatment requirements as well as TF combat power.

Need to identify medical evacuation resources:

- Plan to deploy across the battlefield.
- Treatment teams and means of transportation.
- Flexibility to mass resources or divert them elsewhere.

Heavy brigades must plan to meet light force requirements for evacuation during heavy/light operations.

Reconnaissance of evacuation routes and face-to-face coordination are absolutely essential for both medical and TF personnel.

Coordinate with maneuver companies in close proximity to the mortar or scout platoon for evacuation.

Coordination for patient decontamination is a unit responsibility. Decontamination of chemical casualties should be addressed in:

- Planning and rehearsals.
- Designate teams and/or units to decontaminate wounded.

Face-to-face coordination helps the medical platoon leader understand the company plan and the company leaders understand the medical plan.

Medical evacuation rehearsals:

- Must include casualties during the conduct of the operations as well as at reorganization or consolidation.
- Must include actions of maneuver unit for casualty treatment/evacuation and use of litters.
- Routes to be used.
- Marking of collection points and wounded (both in and out of vehicles).
- Medical personnel should participate in TF rehearsals.

There is a need for a CSS rehearsal of all key participants.

Resources useful for patient accountability /tracking are:

- Ambulance driver logs.
- First sergeants.
- Platoon sergeants, leaders, and squad leaders.

Chain of command should report casualties and appraisal of impact of losses on combat power.

Accounting procedures:

- FSB medical company has a personnel specialist who should be tracking wounded.
- The TF's S1/2 in the BSA should coordinate with the medical company for casualty information.

**LESSONS LEARNED INTEGRATED  
INTO CCF 33 TASK LIST**

**PLANNING**

1. Understand commander's intent.

The commander's guidance on casualty evacuation should be specific and detailed.

Casualty evacuation training must be integrated into home station tactical training.

2. Conduct Mission Analysis.

3. Develop casualty estimate.

Care and disposition of a large number of casualties can be a tremendous operational handicap. A substantial number of unanticipated casualties or casualties in an unanticipated location cannot only hinder an attack but defeat it.

Identify areas of anticipated casualty density by analysis of the tactical plan and terrain.

Enemy initiative may preclude accurate prediction of initial areas of casualty density.

Request assistance from the supporting medical company when casualty evacuation workload exceeds your unit's capability.

The TF decision support template developed should consider medical requirements.

Casualty evacuation planning at TF level:

- S1 should estimate casualties. S2 should extrapolate from FM 8-55 and include mission, enemy, terrain (including weather), troops, and time available as well as relevant experience in making his estimate.
- The casualty estimate should include coordination with S2 and S3 so as to predict where to expect casualties. Estimate assists in planning where to locate evacuation assets, aid station, etc, and time line for doing so.
- The S2 and S4 must be involved in developing operations plan and not restricted to developing CSS in a reactive or isolated mode.
- The S1 estimates casualties for each course of action as part of the TF decision process. Based on the commander's guidance, the S1 estimates impact on evacuation and treatment requirements as well as TF combat power.

4. Estimate necessary resources to accomplish mission.

Plan for and request additional casualty evacuation assets and treatment support from the medical company of the FSB.

Need to identify medical evacuation resources:

## CCF 33 — Treat and Evacuate Battlefield Casualties

- Plan to deploy across the battlefield.
- Treatment teams and means of transportation.
- Flexibility to mass resources or divert them elsewhere.

Heavy brigades must plan to meet light force requirements for evacuation during heavy/light operations.

### 5. Develop a tentative plan.

Integrating the medical support plan with the tactical scheme of maneuver increases the total plan's effectiveness.

Commanders and medical platoon leaders must plan beyond the immediate tactical objectives when planning medical operations.

Task organize and allocate evacuation assets in relation to projected casualties.

### 6. Conduct leaders' reconnaissance.

Integrate medical support matrix with TF overlays.

Reconnaissance of evacuation routes and face-to-face coordination are absolutely essential for both medical and TF personnel.

The medical platoon leaders and platoon sergeants should take evacuation vehicle crews forward when they go to the company locations to coordinate with 1SGs and XO's.

### 7. Develop treatment plan.

### 8. Coordinate planning with companies and adjacent units.

### 9. Develop casualty evacuation plan.

Use non-standard ground evacuation (other than medical vehicles for casualty evacuation of lightly wounded soldiers).

Pre-designate casualty collection points.

Plan for and use ambulance transfer points routinely.

Coordinate with maneuver companies in close proximity to the mortar or scout platoon for evacuation.

### 10. Develop contingency plans.

### 11. Develop mass casualty plan.

### 12. Plan Class VIII resupply.

The battalion aid station must have sufficient medical supplies to treat the maximum number of expected casualties.

### 13. Plan communications.

### 14. Plan for reinforcement/reconstitution of medical modules.

## CCF 33 — Treat and Evacuate Battlefield Casualties

15. Plan for limited visibility operations.

Use a color coded triage system. This involves the use of color coded signs during daylight hours and color coded chem-lights at night, placed in front of the appropriate treatment area for the different categories of casualties.

16. Plan for NBC operations.

Coordination for patient decontamination is a unit responsibility. Decontamination of chemical casualties should be addressed in:

- Planning and rehearsals.
- Designate teams and/or units to decontaminate wounded.

17. Plan for graves registration.

18. Plan for EPW casualties.

19. Prepare plan/order.

20. Issue plan/order.

### PREPARATION

21. Supervise implementation of plans and orders.

22. Establish communications.

Redundant communications is key to providing timely casualty evacuation.

23. Secure location.

24. Prepare for operations.

Medical equipment should be checked to insure that special equipment to meet environmental conditions is available.

25. Conduct continuous coordination.

Face-to-face coordination helps the medical platoon leader understand the company plan and the company leaders understand the medical plan.

26. Refine plan, issue FRAGO.

27. Conduct back brief.

28. Conduct technical rehearsals.

The key to success in mass casualty situations is prior rehearsals at home station.

## CCF 33 — Treat and Evacuate Battlefield Casualties

### Medical evacuation rehearsals:

- Must include casualties during the conduct of the operations as well as at reorganization or consolidation.
- Must include actions of maneuver unit for casualty treatment/evacuation and use of litters.
- Routes to be used.
- Marking of collection points and wounded (both in and out of vehicles).
- Medical personnel should participate in TF rehearsals.

There is a need for a CSS rehearsal of all key participants.

29. Refine plan to reflect changes found necessary in rehearsals, issue FRAGO.
30. Conduct precombat checks.
31. Position assets for operations.

## EXECUTION

32. Give self-aid, buddy-aid, or combat lifesaver support to casualty.
33. Combat medic evaluates casualty and gives treatment.
34. Casualty is evacuated to collection point or ambulance transfer point.

Made maximum use of tactical and logistical vehicles for patient evacuation, as they are available without adversely affecting their mission. Consider using damaged vehicles being towed to the BSA as casualty carriers.

35. Receive casualties at collection point or ambulance transfer point.

Use appropriate ground and air evacuation techniques based on patient categories of precedence.

Use available aviation elements for evacuation in addition to their normal role.

36. Receive casualties at battalion aid station.
37. Treat and evacuate casualties.

Minimal patients by definition, only require limited treatment and can be returned to duty immediately. While these soldiers await transportation back to their units, use them for litter bearers, perimeter guard, mess duty, etc. This will free more medics for patient care.

Unit SOP should include casualty reporting and medical evacuation requests.

38. Track casualties.

S1/medical platoon leader should track/report casualty treatment and evacuation status.

## CCF 33 — Treat and Evacuate Battlefield Casualties

Resources useful for patient accountability/tracking are:

- Ambulance driver logs.
- First sergeants.
- Platoon sergeants, leaders, and squad leaders.

Chain of command should report casualties and appraisal of impact of losses on combat power.

Accounting procedures:

- FSB medical company has a personnel specialist who should be tracking wounded.
- The TF's S1/2 in the BSA should coordinate with the medical company for casualty information.

39. Ambulances return to collection point or ambulance transfer point.

40. Assets are monitored and massed according to situation.

Avoid premature deviation from the medical support plan. Allow the situation to develop, but be pro-active.

If deviating from the matrix, maintain contact with supported units. Ensure aid station location is known at all times.

The battalion aid station should move by bounds to keep up with units while having the capability to receive casualties.

Use of a jump aid station by a TF medical platoon is effective but METT-T dependent. This "follow and support" concept facilitates triage forward, which in turn improves the rate of casualty treatment at the main aid station.

Jump aid stations must be properly controlled to prevent ambulances and aid station from accidentally being positioned at risk to enemy action.

Maneuver commander must be responsible for moving treatment teams to meet battlefield situation.

41. Morgue established.

## CCF 33 — Treat and Evacuate Battlefield Casualties

### CCF 33 CRITICAL TASKS OTHER LINKAGES

<u>TASK</u>	<u>OTHER LINKAGES</u>
1. Understand commander's intent	
2. Conduct mission analysis	
3. Develop casualty estimate	
4. Estimate necessary resources to accomplish mission	CBT medics inventory supplies
6. Conduct leaders' reconnaissance	
7. Develop treatment plan	
9. Develop casualty-evacuation plan	Co CDR Plans and Directs CSS Operations Task: 03-1270.00-0002, STP 17-12II-MQS
11. Develop mass casualty plan	
16. Plan for NBC operations	
22. Establish communications	
24. Prepare for operations	
25. Conduct continuous coordination	XO coordinates Co Collection points with TF Medical PLT
26. Refine plan, issue FRAGO	
28. Conduct technical rehearsals	
29. Refine plan to reflect changes found necessary in rehearsals, FRAGO	
31. Position assets for operations	
32. Give self/buddy-aid, or combat lifesaver support to casualty	Soldiers move casualty from the immediate battle area. Task 071-326-0500. STP-11B1-SM
33. Combat medic evaluates casualty and gives treatment	
34. Casualty is evacuated to collection point or AXP	Soldiers prepare and evacuate casualties task: 08-3-C019, ARTEP 17-237-10-MTA
35. Receive casualties at collection point or AXP	

## CCF 33 — Treat and Evacuate Battlefield Casualties

### **TASK**

- 36. Receive casualties at Battalion aid station
- 37. Treat and evacuate casualties
- 39. Ambulances return to collection point on AXP
- 40. Assets are monitored and massed according to situation

### **OTHER LINKAGES**



## TREAT AND EVACUATE BATTLEFIELD CASUALTIES

### REFERENCES

#### FMs

- 8-10 Health Service Support in a Theater of Operations, 1 Mar 91
- 8-10-4 Medical Platoon Leaders' Handbook: Tactics, Techniques and Procedures, 16 Nov 90
- 8-10-5 Brigade and Division Surgeons' Handbook: Tactics, Techniques, and Procedures, 10 Jun 91
- 8-10-6 Medical Evacuation in a Theater of Operations: Tactics, Techniques, and Procedures, 31 Oct 91
- 8-55 Planning for Health Service Support, 15 Feb 85
- 12-6 Personnel Doctrine, 23 Aug 89
- 63-2 Division Support Command, 20 May 91
- 63-20 Forward Support Battalion, 26 Feb 90
- 71-1 The Tank and Mechanized Infantry Company Team, 22 Nov 88
- 71-2 The Tank and Mechanized Infantry Battalion Task Force, 27 Sep 88
- 71-3 The Tank and Mechanized Infantry Brigade, 11 May 88
- 71-123 Tactics and Techniques for Combined Arms Forces: Armored Brigade, Battalion/Task Force, and Company Team, 30 Sep 92

#### ARTEPs

- 8-058-30-MTP Mission Training Plan for the Medical Company, Forward Support Battalion, Heavy Division, 27 Feb 89
- 17-236-12-MTP Task Force Medical Platoon ARTEP Mission Training Plan (MTP), 2 Dec 87
- 17-237-10-MTP Mission Training Plan for the Tank Platoon, 3 Oct 88
- 71-2-MTP Tank and Mechanized Infantry Battalion Task Force, Oct 88

## **CCF 33 — Treat and Evacuate Battlefield Casualties**

### **STPs**

7-11B1-SM	Soldier's Manual, 11B Infantryman, 19 Jul 85
17-12II-MQS	Military Qualification Standards II, Armor Branch (12), Company Grade Officer's Manual, 4 Feb 91
21-1-SMCT	Soldier's Manual of Common Tasks, Skill Level 1, 1 Oct 87

### **Lessons Learned Bulletins**

89-5	Commander's CASEVAC System, Nov 89
------	------------------------------------

### **Other Sources**

Discussions with NTC Operations Group, March 93